

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> Substitute for Form PTO-1360 (For use with Form PTO/SB/06)							Application Number <div style="font-size: 1.5em; font-family: cursive;">09/76290</div>		Filing Date	
							Applicant(s)			
							* May be used for additional claims or amendments			
CLAIMS	<del>AS FILED</del>		<del>AFTER FIRST AMENDMENT</del>		<del>AFTER SECOND AMENDMENT</del>					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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3		1								
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